

Wisconsin Medicaid fee schedule for school-based services

Procedure code	Description	Contracted rate for dates of service 7/1/02 through 9/30/03	Reimbursement (federal share) paid 10/1/02 through 3/31/03	Reimbursement (federal share) paid 4/1/03 through 9/30/03	Reimbursement (federal share) paid on and after 10/1/03
W6050	Individualized Education Program (IEP) speech, language, audiology, and hearing service: individual	\$25.22	\$8.84	\$9.31	\$9.29
W6051	IEP speech, language, audiology, and hearing service: group	\$8.33	\$2.92	\$3.07	\$3.07
W6052	Speech, language, audiology, and hearing service: face-to-face M-team assessment and IEP	\$25.22	\$8.84	\$9.31	\$9.29
W6053	IEP occupational therapy service: individual	\$21.84	\$7.66	\$8.06	\$8.04
W6054	IEP occupational therapy service: group	\$7.20	\$2.52	\$2.66	\$2.65
W6055	Occupational therapy: face-to-face IEP team assessment and IEP plan development	\$21.84	\$7.66	\$8.06	\$8.04
W6056	IEP physical therapy service: individual	\$25.28	\$8.86	\$9.33	\$9.31
W6057	IEP physical therapy service: group	\$8.35	\$2.93	\$3.08	\$3.08
W6058	Physical therapy: face-to-face IEP team assessment and IEP plan development	\$25.28	\$8.86	\$9.33	\$9.31
W6059	IEP psychological service: individual	\$22.53	\$7.90	\$8.32	\$8.30
W6060	IEP psychological service: group	\$7.43	\$2.60	\$2.74	\$2.74
W6061	Psychological service: face-to-face IEP team assessment and IEP plan development	\$22.53	\$7.90	\$8.32	\$8.30
W6062	IEP counseling service: individual	\$21.61	\$7.58	\$7.98	\$7.96
W6063	IEP counseling service: group	\$7.13	\$2.50	\$2.63	\$2.63

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W6064	Counseling: face-to-face IEP team assessment and IEP plan development	\$21.61	\$7.58	\$7.98	\$7.96
W6065	IEP social work service: individual	\$21.72	\$7.61	\$8.02	\$8.00
W6066	IEP social work service: group	\$7.17	\$2.51	\$2.65	\$2.64
W6067	Social work: face-to-face IEP team assessment and IEP plan development	\$21.72	\$7.61	\$8.02	\$8.00
W6068	IEP nursing service: care and treatment	\$12.14	\$4.26	\$4.48	\$4.47
W6069	Nursing: face-to-face IEP team assessment and IEP plan development	\$12.14	\$4.26	\$4.48	\$4.47
W6070	Face-to-face IEP team assessment and IEP plan development: other staff	\$22.61	\$7.93	\$8.35	\$8.33
W6072	Durable medical equipment	Individually priced	Individually priced	Individually priced	Individually priced
W6074	Special transport, daily base rate (first 20 miles included). Unloaded bus-barn miles cannot be counted.	\$29.34	\$10.29	\$10.83	\$10.81
W6075	Special transport, per mile rate (for miles over 20-mile base). Unloaded bus-barn miles cannot be counted.	\$3.35	\$1.17	\$1.24	\$1.23

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

Procedure Code	The procedure code recognized by Wisconsin Medicaid to identify the service provided.
Description	A description of the procedure code.
Contracted Rate	The uniform rate determined by the Division of Health Care Financing (DHCF).
Reimbursement (federal share)	The federal share of the contracted rate. This is the amount paid per unit by Wisconsin Medicaid.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

Policy Analyst
Division of Health Care Financing
Case Management Services
PO Box 309
Madison WI 53701-0309